

# LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.

Registrations expire on January 31 unless a renewal is submitted between December 1 and January 31.

## Instructions

- Print in ink or type.
- Complete form, have it notarized and return with \$10 registration fee to the Board of Ethics, 8401 United Plaza Blvd., Suite 200 Baton Rouge, LA 70809-7017, (504) 922-1400.
- Initial registrations must be submitted within 5 days of (1) employment as a lobbyist or (2) first action requiring registration. Renewals must be submitted between December 1 and January 31.

1. NAME Beckstrom Mark W.  
Last First MI
2. BUSINESS PHONE 504842-3228  
Area Code and Phone Number
3. BUSINESS ADDRESS 880 Commerce Road West, New Orleans, LA 70123  
Street and No. City State Zip
4. EMPLOYER Ochsner Medical Institutions
5. EMPLOYER'S ADDRESS Same As Above  
Street and No. City State Zip

6. LIST BELOW (a) Names of persons, groups, or organizations which you represent; (b) the address of each such person, group, or organization you represent; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby.

1. Name Ochsner Clinic  
Address 1514 Jefferson Hwy., New Orleans, LA 70121  
Business or purpose Health Care Services  
Does this person pay you? Yes  
If No, who pays you? \_\_\_\_\_
2. Name Alton Ochsner Medical Foundation  
Address 1516 Jefferson Hwy., New Orleans, LA 70121  
Business or purpose Health Care Services, Medical Education and Research  
Does this person pay you? Yes  
If No, who pays you? \_\_\_\_\_

Lobbyist's Registration Number

FOR OFFICE USE ONLY

Postmark Date: 1-28-98

REG

✓ # 3162  
\$10.00  
EB

1980503

# LOBBYING REGISTRATION FORM

189
Lobbyist's Registration Number

3. Name \_\_\_\_\_

Address \_\_\_\_\_

Business or purpose \_\_\_\_\_

Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

4. Name \_\_\_\_\_

Address \_\_\_\_\_

Business or purpose \_\_\_\_\_

Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

5. Name \_\_\_\_\_

Address \_\_\_\_\_

Business or purpose \_\_\_\_\_

Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

State of Louisiana

Parish of Jefferson

Before me, the undersigned authority, personally came and appeared Mark William Beckstrom, who, after being duly sworn by me, did declare and acknowledge to me that the above statements are true and correct.

*Mark William Beckstrom*  
Signature of Lobbyist

Sworn to and subscribed before me on this 27th day of January, 1998.

*Wick R. Day*  
Notary Public

Rev. 8/97

ATTACH  
2" x 2"  
PHOTOGRAPH  
HERE  
FOR  
INITIAL  
REGISTRATION  
ONLY